

IN THE UNITED STATES COURT OF FEDERAL CLAIMS

OFFICE OF SPECIAL MASTERS

JOHN TAYLOR, *

*

Petitioner, *

*

v. *

No. 07-458V

*

Special Master Christian J. Moran

SECRETARY OF HEALTH *

AND HUMAN SERVICES, *

Respondent *

*

Filed: March 20, 2008

Thao Ho, Conway, Homer & Chin-Caplan, P.C., Boston, MA., for petitioner;
Heather Pearlman, United States Dep't of Justice, Washington, D.C., for respondent.

FINDINGS OF FACT - NOT TO BE PUBLISHED*

I. Introduction

John Taylor claims that a flu vaccine, given to him on October 29, 1998, caused him to suffer from Guillain-Barre syndrome ("GBS"), a neurologic disease. On June 28, 2007, he filed a petition seeking compensation pursuant to the National Vaccine Injury Compensation Program, 42 U.S.C. §§ 300aa-1 et seq. (2006).

* Because this decision contains a reasoned explanation for the special master's action in this case, the special master intends to post it on the United States Court of Federal Claims's website, in accordance with the E-Government Act of 2002, Pub. L. No. 107-347, 116 Stat. 2899, 2913 (Dec. 17, 2002).

Vaccine Rule 18(b) states that all decisions of the special masters will be made available to the public unless they contain trade secrets or commercial or financial information that is privileged and confidential, or medical or similar information whose disclosure would clearly be an unwarranted invasion of privacy. When such a decision or designated substantive order is filed, petitioner has 14 days to identify and to move to delete such information before the document's disclosure. If the special master, upon review, agrees that the identified material fits within the banned categories listed above, the special master shall delete such material from public access.

Approximately two weeks after Mr. Taylor filed his petition, he filed a set of exhibits including his medical records, a personal affidavit, and an affidavit from his brother. With respect to when his symptoms of neurologic injury began, the information in the affidavits is not consistent with material contained within medical records created when his affidavit says he was suffering from neurologic problems.

To allow Mr. Taylor the opportunity to present testimony in person, a hearing was held in Omaha, Nebraska, on December 19, 2007. See Campbell v. Sec'y of Health & Human Servs., 69 Fed. Cl. 775, 779-80 (2006); Skinner v. Sec'y of Health & Human Servs., 30 Fed. Cl. 402, 410 (1994). At this hearing, both Mr. Taylor and his brother, Ronald Taylor, testified.

The Vaccine Act permits a finding of when a first symptom appeared, despite the lack of a notation in a contemporaneous medical record. See 42 U.S.C. § 300aa 13(b)(2) (2006). The preponderance of the evidence standard requires that the Special Master “believe that the existence of a fact is more probable than its nonexistence before [he] may find in favor of the party who has the burden to persuade the [special master] of the fact's existence.” In re Winship, 397 U.S. 358, 371-72 (1970) (Harlan, J., concurring) (quoting F. James, Civil Procedure 250-51 (1965)).

In weighing divergent pieces of evidence, contemporaneous written medical records are usually more significant than oral testimony. Cucuras v. Sec'y of Health & Human Servs., 993 F.2d 1525, 1528 (Fed. Cir. 1993). However, compelling oral testimony may be more persuasive than written records. Campbell, 69 Fed. Cl. at 779 (“like any norm based upon common sense and experience, this rule should not be treated as an absolute and must yield where the factual predicates for its application are weak or lacking”); Camery v. Sec'y of Health & Human Servs.,

42 Fed. Cl. 381, 391 (1998) (this rule “should not be applied inflexibly, because medical records may be incomplete or inaccurate”); Murphy v. Sec’y of Health & Human Servs., 23 Cl. Ct. 726, 733 (1991), aff’d, 968 F.2d 1226 (Fed. Cir. 1992). Whether contemporaneous medical records or later-given oral testimony is more persuasive is a determination that “is uniquely within the purview of the special master.” Burns v. Sec’y of Health & Human Servs., 3 F.3d 415, 417 (Fed. Cir. 1993). These criteria provide a basis for evaluating the evidence presented. The evidence includes the testimony and all the exhibits filed by the parties.

Mr. Taylor contends that after he received the flu vaccine, he started having an array of health problems, including weakness in his extremities, slurred speech, and shooting pains. In his affidavit, Mr. Taylor attributes the onset of these symptoms to "early November" 1998. Exhibit 8 (affidavit of John Taylor, dated June 26, 2007) ¶ 5.

In contrast, respondent seems to question the accuracy of Mr. Taylor's affidavit. Respondent seems to argue that Mr. Taylor's health was fine until approximately early February 1999. See Resp't Rep't, filed October 1, 2007, at 9-10. Respondent notes - accurately - that Mr. Taylor saw Dr. McGuire, an orthopedic doctor, on November 19, 1998, and that he said that Mr. Taylor could function normally and did not record any problems with Mr. Taylor. Id.; see also exhibit 3 at 1. There is no dispute that by the time Mr. Taylor saw a neurologist in February 1999, he was having problems that the neurologist diagnosed as GBS. See Resp't Rep't at 3.¹

¹ After respondent filed his report and after the hearing in this case, Mr. Taylor filed additional records. These records indicate that on January 30, 1999, Mr. Taylor sought medical attention because, among other complaints, his “legs and arms felt weak.” Presumably, if respondent had this record available before he filed his report, respondent would have recognized that contemporaneously created medical records show that Mr. Taylor’s problems existed some time in January 1999.

Thus, the precise question is relatively narrow - when did the problems start? The evidence on this point comes from three different sources: testimony, medical records, and Mr. Taylor's bowling records. A preponderance of the evidence establishes that Mr. Taylor's problems began in early January 1999. The evidence and reasoning in support of this finding are set forth below.

II. Summary Of The Evidence

A. Health Before Vaccination

Mr. Taylor was born on June 29, 1967. His medical history until he received the flu vaccine is not disputed. The parties generally agree that the medical records contemporaneously created with events before his vaccination are accurate. See tr. 33-35 (discussion of Mr. Taylor's health problems before the vaccination). Thus, these records are not summarized here. The flu vaccine was given to Mr. Taylor on October 29, 1998. Exhibit 7 at 1. Mr. Taylor's state of health for the following three months is disputed.

B. Health After Vaccination

Three different types of evidence are relevant to determining Mr. Taylor's health in the months immediately following his vaccination on October 29, 1998. These are (1) records from medical practitioners, (2) affidavit and hearing testimony, and (3) Mr. Taylor's bowling records. These different sources are summarized and then analyzed below.

1. Medical Records

The probative value of medical records created contemporaneously with the events they describe is well established. "Medical records, in general, warrant consideration as trustworthy evidence. The records contain information supplied to or by health professionals to facilitate

diagnosis and treatment of medical conditions. With proper treatment hanging in the balance, accuracy has an extra premium." Cucuras, 993 F.2d at 1528. Therefore, the analysis begins with a review of the relevant medical records.

From the date of Mr. Taylor's flu vaccination until Mr. Taylor saw Dr. Adams, Mr. Taylor saw four healthcare providers whose evaluations are potentially relevant.² Specifically, Mr. Taylor saw: (1) Dr. McGuire, an orthopedist; (2) an emergency room doctor whose name is not recorded; (3) Loretta Daniels, a certified physician's assistant; and (4) Dr. Wariyar, a neurologist.

First, Mr. Taylor saw an orthopedist, Dr. McGuire, on November 19, 1998, approximately three weeks after Mr. Taylor received the flu vaccination. Exhibit 3 at 1. Dr. McGuire examined Mr. Taylor's knee.³ Dr. McGuire saw that Mr. Taylor could move without difficulty and assume a catcher's stance without difficulty. Id. Dr. McGuire's note does not indicate that Mr. Taylor told him about problems with his grip strength. Id. Mr. Taylor did not recall whether he told Dr. McGuire about his symptoms. Tr. 40.

Second, Mr. Taylor visited an emergency room on December 16, 1998. He was prompted to go to the emergency room because a squirrel bit him on the hand on the previous night. In addition to the bite, Mr. Taylor sought treatment for a problem with sinus drainage associated with a cough. This record does not show that Mr. Taylor informed the doctor about weakness in his hands. Exhibit 17 at 7.

² Respondent notes that Mr. Taylor also saw a psychiatrist on December 1, 1998. Resp't Rep't at 3, 10 n.2. Because a psychiatrist does not usually treat muscle weakness, the lack of a notation in the psychiatrist's record is not significant.

³ Mr. Taylor had a history of knee problems. See exhibit 2 at 227 (showing a diagnosis of problems in his knees in 1994). It is unclear what prompted this particular visit to Dr. McGuire, whether it was a reoccurrence of an old problem or a recent development.

Third, on January 30, 1999, Mr. Taylor went to the clinic where he usually received medical treatment. A certified physician's assistant, Ms. Daniels, saw him. Mr. Taylor reported that he had muscle weakness and thought that he had a virus. (No evidence about why Mr. Taylor thought he had a virus is presented in this report.) Exhibit 17 at 5-6. Mr. Taylor also told Ms. Daniels that he fell down while bowling two weeks earlier and could not make his legs work for about 20 seconds. Id. This is the first reference to muscle weakness found in the medical records.

Ms. Daniels conducted a physical examination. She stated that Mr. Taylor "shows no evidence of acute neurological deficits. . . . He is able to walk on his heels and on the tips of his toes. He does have some trouble with [tandem] walking." Ms. Daniels assessed him as having "muscle weakness." She noted that he planned to see Dr. Wariyar in a few days. Id.

Dr. Wariyar is a neurologist whom Mr. Taylor saw on February 2, 1999. He is the fourth healthcare provider to see Mr. Taylor after October 29, 1998. Dr. Wariyar's recitation of Mr. Taylor's history is a little confusing because the report does not differentiate between symptoms that Mr. Taylor had experienced for several years, such as muscle trembling, and symptoms that were relatively new, such as a problem with his balance.

Dr. Wariyar conducted a physical examination. The motor examination showed no atrophy or tremors in Mr. Taylor's body, specifically mentioning his quadriceps and calves. The sensory examination was "objectively unremarkable. Vibration senses impaired over the toes. Deep tendon reflexes are uniformly diminished, the plantars are downgoing. Gait is unremarkable. Romberg's absent. Heel tandem, tiptoe walking well executed." Exhibit 17 at 57.

Because Mr. Taylor reported feeling a sensation like an electric shock and also twitching

muscles, Dr. Wariyar requested that Mr. Taylor have imaging studies on his brain and cervical spine. Id. at 58. Whether these imaging studies were performed is not known because no such studies appear in the medical records. Because the records of Dr. Wariyar had not been filed before the hearing at which Mr. Taylor testified, he was not questioned about this visit.

On February 15, 1999, Mr. Taylor saw Dr. Adams, a neurologist, for the first time. It is unclear why Mr. Taylor saw Dr. Adams about two weeks after seeing Dr. Wariyar. In the context of explaining why Mr. Taylor began to see Dr. Adams, Mr. Taylor testified that he picked Dr. Adams's name out of the phone book. Tr. 43. Mr. Taylor did not refer to Dr. Wariyar in his testimony. In fact, he specifically stated that he had not seen any other doctors before Dr. Adams. Tr. 44. Again, because counsel did not know about Dr. Wariyar, no one questioned Mr. Taylor about him during the hearing.

Dr. Adams is important because he diagnoses Mr. Taylor with Guillain-Barre syndrome for which Mr. Taylor seeks compensation. Dr. Adams's initial report states that Mr. Taylor “has had a trying time over the last several months.” The list of problems included a loss of appetite, sinus congestion, and progressive weakness. Exhibit 4 at 57.

2. Testimony

Mr. Taylor presented testimony in two forms: an affidavit dated June 26, 2007, and oral testimony at a hearing on December 19, 2007. Although his testimony covered many topics, the important one for purposes of this decision regards the onset of symptoms from the time of his vaccination in October 1998, until his visit with Dr. Adams in February 1999.

In his affidavit, Mr. Taylor averred that he began having trouble holding onto his bowling ball and having weakness in his legs in early November 1998. Exhibit 8 ¶ 5. He also noticed muscle twitching and sharp pains all over his body. Id. ¶ 6.

Mr. Taylor states that in December 1998, the numbness and tingling got worse and his feet were beginning to "thud" when he walked. Id. ¶ 7. In January 1999, all symptoms worsened. He fell down a flight of stairs and needed help getting out of his car. Id. ¶ 8. He further stated that by February, he could no longer hold a pound of mail and, ultimately, he had to leave his job as a post master. Id. ¶ 9.

During his testimony at the December 19, 2007 hearing, Mr. Taylor discussed the symptoms he experienced during the months after he received the vaccine. He states that after the flu vaccination, he began having "strength problems, shooting pains, muscle fatigue . . . , weakness, slurred speech, tripped over [his] feet a lot." Tr. 21. He first noticed the strength problems in mid-November when he started dropping his bowling ball. Id. He continued bowling despite the decrease in strength. Tr. 38. He explained that his bowling score began to drop, and he had to switch to a lighter ball to increase his score. Tr. 22-23.

Mr. Taylor was unable to recall his visit with Dr. McGuire from November 19, 1998. Tr. 40, 48-49. He remembered that he had a problem with his knee, but did not recall receiving treatment for it. Consequently, he does not recall telling Dr. McGuire about the weakness in his hands. Tr. 40.

In the middle of December, Mr. Taylor was called home during bowling because his wife said there was a squirrel trapped in the vent pipe of his house. Tr. 25-26. With the assistance of his wife, he climbed the ladder to the top of the roof. Tr. 27. However, when reaching for the

squirrel, the squirrel bit him on his hand. Tr. 26. He called the hospital and was told to come in the following morning for a tetanus shot. Tr. 25-26. At the hospital, he told the doctors about the muscle weakness, but the hospital personnel attributed his problems to it being the busiest time of year at the post office, where he worked. Tr. 27.

He went to see Dr. Adams on February 11, 1999. Tr. 29. He stated that between the hospital visit for the squirrel bite and the visit to Dr. Adams, he had not seen any other doctors. Tr. 44. By the time he saw Dr. Adams, Mr. Taylor was no longer able to work. Dr. Adams prescribed a wheelchair and eventually diagnosed Guillain-Barre syndrome.

3. Bowling Records

Mr. Taylor has been bowling regularly since 1984. Tr. 21. In 1998, he participated in a weekly bowling league. The league records show that from the start of his bowling league through October 27, 1998, a period of eight weeks, Mr. Taylor's weekly average was 174 pins per game. In the next ten weeks of bowling, during November and December of 1998, after he received the flu vaccine, Mr. Taylor's average declined. His weekly average exceeded 170 pins only once in that period of time. Exhibit 13; exhibit 101; tr. 51-52 (explaining that exhibit 101 summarizes information from exhibit 13). Mr. Taylor explained that the one week he achieved a high score could be explained because he switched to a lighter bowling ball to compensate for his decreased grip strength. Tr. 23.

A decline in Mr. Taylor's bowling performance was also recognized by his brother, Ronald Taylor, who testified both by affidavit and at the hearing. Ronald Taylor explained that he hosts a bowling tournament in early December each year and that when his brother bowled in 1998, he could not reach his average score. Tr. 7, 14; see also tr. 41 (testimony of John Taylor).

However, while his average score differs by approximately ten pins from before the vaccination to after the vaccination, an examination of his bowling record as a whole shows wide inconsistency in his scores. Accordingly, as discussed below, the bowling records themselves do not provide a sufficient explanation as to what the problem was and when it began. That information is derived from the medical records and the testimony of the witnesses.

III. Analysis

Generally, documents created contemporaneously with the events they describe are a favored source of facts. Cucuras, 993 F.2d at 1528. Here, this principle is useful in the sense that some medical records omit any discussion of symptoms that would have been described in the medical records if those symptoms existed when the medical records were created,

Ultimately, a preponderance of the evidence supports a finding that Mr. Taylor's weakness did not begin in early November 1998, but rather began in early January 1999. Reasons supporting this finding include: (1) records from Ms. Daniels and Dr. Wariyar in early 1999; (2) bowling records; (3) the omission of any mention of weakness to Dr. McGuire in mid-November or the emergency room personnel in mid-December 1998; (4) Dr. Adams's record from February 1999; and (5) the persuasiveness of Mr. Taylor's testimony. These factors are discussed below.

A. Medical records from early 1999

Mr. Taylor visited the West Holt Medical clinic on January 30, 1999, and complained about muscle weakness. Exhibit 17 at 5. This is the first medical record of a complaint of muscle weakness. Ms. Daniels, a physician's assistant, notes that Mr. Taylor advised that he was having episodes where he could not make his legs work. Mr. Taylor told her that he had recently

fallen down about two weeks before the appointment. Id. No other reference to the time period during which his symptoms began is provided. Consequently, based on this record, Mr. Taylor's muscle weakness is dated at early-to-mid January, assuming he got weaker for a short time before he fell down in mid-January.

Mr. Taylor visited Dr. Wariyer on February 2, 1999. Dr. Wariyer also did not provide a specific time frame for Mr. Taylor's symptoms. In fact, he stated that Mr. Taylor had been having shocking sensations and muscle twitching for 1-2 years. Exhibit 17 at 58. Dr. Wariyer wrote that Mr. Taylor's wife had advised him that Mr. Taylor "had not been doing well since October, going from one infection to another." Exhibit 17 at 56 (letter dated February 9, 1999). This information also does not provide insight as to when his muscle weakness began. (If anything, this statement suggests that Mr. Taylor's weakness actually existed before the flu vaccine.) As a result, Ms. Daniel's account is the only affirmative record of a specific time at which Mr. Taylor's muscle weakness began. The record indicates that the weakness began in early to mid-January 1999.

B. Bowling records

The bowling records support a finding that Mr. Taylor's weakness began in early January. Mr. Taylor's affidavit associates the onset of his weakness with a decline in his bowling performance. Exhibit 8 ¶ 5. This statement is probably accurate. Mr. Taylor also asserts that his bowling performance worsened in early November. This statement, which was made before Mr. Taylor obtained the bowling records, is not accurate. The bowling records show that Mr. Taylor's performance in November was relatively consistent with his performance in September and October.

Mr. Taylor's scores for each week from before and after he received the vaccine vary considerably. For example, the eight weeks before the vaccine included scores of 209, 190, 156, and 153. The remaining scores were all between 167 and 172. Exhibit 101. During the 10 weeks after the vaccine, he had a high score of 197 and low scores of 133, 143, and 149. The remaining scores were all between 162 and 170. Id. While his average might have been lower subsequent to receipt of the vaccine, it is difficult to see a pattern of decline due to the variability in his scores throughout the entire 21 week period.

In fact, although Mr. Taylor states that the weakness began in mid-November, his scores on November 17, 1998, and November 24, 1998, were 164 and 197, respectively. Id. Moreover, after the squirrel bite, a point at which he alleges that he told the doctor about the weakness in his hand, he still bowled a 167. Id. These scores are all consistent with his average before being vaccinated. Therefore, the bowling records do not support a finding that the weakness in his hands started in early November.

To extent that Mr. Taylor's bowling performance declined, it worsened in January 1999. In January, Mr. Taylor bowled three times and achieved weekly averages of 133, 149, and 168. The weeks with 133 and 149 were two of the three worst weeks. Exhibit 101. They also coincide with the report of Ms. Daniels that implies Mr. Taylor was having muscle weakness in January 1999.

C. Omission of weakness during his doctor visits in November and December

The medical records created by two doctors during the time that Mr. Taylor claims he was feeling weakness do not memorialize a complaint about weakness. It is reasonable to expect that if Mr. Taylor were experiencing weakness, then he would have complained to at least one of the

doctors, and that this doctor would have noted his complaint. Neither Dr. McGuire nor the emergency room doctor noted any muscle weakness in their records. This omission supports an inference that Mr. Taylor was not suffering from weakness in November, when he saw Dr. McGuire, or in December, when he went to the emergency room.

Considering that Mr. Taylor was seeing Dr. McGuire for pain in his knees, it is arguable that he did not mention the weakness in his hands because he did not think a hand problem was relevant to a knee injury. However, in both his affidavit and his oral testimony, Mr. Taylor states that not only did his hands feel weak, but also his legs felt weak. Tr. 21, 37; exhibit 8 ¶ 5. Given that he saw Dr. McGuire in mid-November for problems with his knees, it is likely that if he were experiencing weakness in his knees and legs at that time, he would have told Dr. McGuire about this weakness. Because no weakness is mentioned in Dr. McGuire's records, nor does Mr. Taylor recall visiting Dr. McGuire, or telling any doctor about the weakness during this time, the inference can fairly be made that he did not tell Dr. McGuire about the weakness and that he did not have weakness in his legs at the time of his appointment with Dr. McGuire.

At the emergency room in mid-December, Mr. Taylor was treated for a squirrel bite to the hand. It is likely that a doctor would ask him how his hand was feeling and if he had any accompanying symptoms or problems. It is also likely, even if not specifically asked, that Mr. Taylor would advise the doctor about having weakness in the hand - especially given that he did advise the emergency room doctor that he was having problems with sinus drainage, a completely separate health concern. Mr. Taylor testified that he did inform the doctor of the weakness, but that the doctor attributed the weakness to the business of his job during that time.

While it is possible the Mr. Taylor mentioned the weakness to the doctors, and they dismissed it without noting his record, much of Mr. Taylor's recollection from that time is shaky (as discussed below). Therefore, his testimony is insufficient to overcome the omission of this fact in the record. The omission of information in the medical records regarding weakness supports a finding that Mr. Taylor, in fact, did not have weakness on December 16, 1998.

D. Dr. Adams's report

Dr. Adams's report states that Mr. Taylor has been having a rough time "for several months." Exhibit 4 at 57. The word "several" is nonspecific. While it could support a finding that Mr. Taylor's problems began in mid-November, approximately three months prior to his visit with Dr. Adams, it is not persuasive.

As discussed above, in November and December, Mr. Taylor saw two other doctors. Neither doctor noted a complaint about weakness. These records are more probative than Dr. Adams's record, which was created "several months" later. Dr. Adams's record necessarily depends upon the accuracy of Mr. Taylor's memory. As discussed in the following section, Mr. Taylor's memory – at least when he testified in 2007 – was not particularly strong.

E. Mr. Taylor's testimony

During his testimony, Mr. Taylor appeared to be forthright and direct in providing information to the best of his ability. However, his ability to describe events from approximately nine years earlier was impaired by his memory.⁴ Consequently, Mr. Taylor's testimony about the onset of his symptoms, although presented in good-faith, is not reliable.

⁴ It should be noted that Mr. Taylor has difficulty with his memory. Exhibit 2 at 238 (report, dated April 1, 1994); tr. 36.

In many places, his memory is inconsistent with the medical records. For example, he did not recall visiting Dr. McGuire in November 1998 for problems with his knee. Even with the records describing the specific tests run by Dr. McGuire, he was unable to remember this visit. Tr. 40, 49. Another example of the gap in his memory is that he could not recall his visit to Dr. Wariyar. Tr. 44 (testifying that he had not seen any doctors before Dr. Adams, except for the emergency room doctor for the squirrel bite).

Moreover, when questioned about doctors and prescriptions that appeared in his records, he was unable to discuss them. See tr. 44-45 (Mr. Taylor was unable to remember if he had ever seen Dr. Robert Randle, who prescribed Amoxicillin, and why it was prescribed.). Mr. Taylor was also unable to recall why he missed the two weeks of bowling immediately after his vaccination, despite having a fairly clear recollection of other events related to his bowling league. Tr. 62. Because his memory about his medical history between receiving the vaccination and seeing Dr. Adams is weak, his testimony that his weakness started in November is not reliable.

In sum, a preponderance of the evidence indicates that Mr. Taylor's weakness began in early January 1999. The records from Dr. McGuire and the emergency room visit support an inference that Mr. Taylor was not having weakness in either November or December 1998. This inference is not overcome by either the bowling records or Mr. Taylor's own testimony. The records from Ms. Daniels, created during his visit to a clinic on January 30, 1999, indicate that he was having troubles for at least two weeks. Consequently, this fact supports a finding that the earliest possible onset date for Mr. Taylor's weakness is early January 1999. Similarly, when

compared to the other evidence, Dr. Adams's use of the term "several months" is insufficient to support a finding that the weakness began in mid-November.

III. Conclusion

A preponderance of the evidence in the record, including the testimony from the December 19, 2007 hearing, establishes that Mr. Taylor started having muscle weakness in early January 1999. Whether a reduction in grip strength constitutes the first manifestation of the Guillain-Barre syndrome, diagnosed by Dr. Adams in February 1999, is not determined. The existing record does not indicate whether Guillain-Barre syndrome can develop over the course of several weeks. If a party retains an expert witnesses to present an opinion about whether the flu vaccine caused Mr. Taylor's neurologic problems, the expert should explain how the relatively slow progression of symptoms, as found in this ruling, fits with the expert's opinion.

The parties are ordered to call the undersigned's law clerk to schedule a status conference to discuss the next step in this case.

IT IS SO ORDERED.

S/ Christian J. Moran

Christian J. Moran
Special Master